

# Allied health care professional liability



(856) 797-9996  
Marlton, NJ 08053  
701 Rte. 73 S., Bldg. #2, Suite 10

## Sexual abuse and physical abuse supplemental application

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| 1. Does your staff employment application include questions about whether the individual has ever been convicted of any crime, including sex-related or child-abuse-related offenses?                   | Yes | No |
| 2. Do you discuss at staff orientation elder and/or child abuse or sexual abuse, and how to recognize the signs and what to do if a client or child reports that someone abused or molested him or her? | Yes | No |
| 3. Do you have a supervision plan that monitors staff in the daily relationships with clients?  | Yes | No |
| 4. Do you have written procedures in place to handle complaints regarding sexual abuse of patients?   | Yes | No |
| If "yes", please answer the following questions:  | Yes | No |
| a. Are employees instructed to immediately report incidents involving patients to the appropriate authorities?  | Yes | No |
| Are these instructions in writing?  | Yes | No |
| Do these instructions indicate who should receive the report?   | Yes | No |
| b. Are the sexual abuse procedures communicated to your employees?  | Yes | No |
| Are these procedures in writing?  | Yes | No |
| Do employees sign and acknowledge that they have read and understand these procedures?  | Yes | No |
| c. Are employees provided with written instructions regarding the confidentiality issues of these incidents?  | Yes | No |
| d. Are there written investigation procedures in place for the reported incident?   | Yes | No |

If any of the above answers are "No", please explain:

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5. Have you ever had an incident which resulted in an allegation of sexual or physical abuse?      Yes    No

**If yes, how many?**

**If yes, please complete a Claim/Circumstance/Administrative Hearings Supplement for each incident.**

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I/We understand that the information submitted herein becomes a part of the Professional Liability application and is subject to the same representations and conditions

**Fraud warning:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Applicable in the state of New York:** any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information containing any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**Name of applicant:**

**Signature and Title of Principal (must be owner, partner or officer):**

**Date:**

**Dated:**